



Integrated System News Bulletin

Guidelines for the new IS 2.0 System

**Attention: DMH Directly-Operated and
Contract Providers**

STOP – Impact on You

On Monday, November 27, 2006, the Integrated System 2.0 (aka Change Request 48) was implemented.

IS Operations successfully completed data conversion, system installation, and testing on the new version of the Integrated System. Users will find the new screens in the production environment.

CAUTION – What You Need to Know

There are several small changes and many pieces of new information that the CIO has come across in the last week of testing. Please read ALL of these reminders about IS 2.0: some of them contain NEW information DMH has obtained since trainings were completed last week.



GO – What You Need to Do

- ❑ When you sign on to the IS 2.0, you begin the same way you started the original IS: PLEASE CLICK ON THE CLINICAL TAB TO START. We noticed in testing that a number of users tried to "Find Client" on the Home screen instead of going into the Clinical section of the application. Remember: you still START in clinical, although everything else is much simpler (beginning with Provider Context).
- ❑ Plans have been radically simplified: you only select one, and you only select it once, on the Claim Screen, right before you Submit the first claim for each client. CONTRARY TO WHAT YOU WERE TOLD IN TRAINING, Sierra is converting over Plans data. Users will see the plans that were used on their IS 1.0 claims (with the exception of Healthy Families) in their episodes as long as those episodes were open in 1.0 and remained open in 2.0 during the conversion. If more than one Plan is listed, you must DELETE the plans that are not the main plan, and make sure the remaining plan is listed as #1 in Plan Order. You will receive an error message if you click Submit and you have more than one plan listed.
- ❑ If you claim Healthy Families, please remember that it is NO LONGER a PLAN. If you have a Healthy Families client, check that Healthy Families box and the Medi-Cal box on the Claim Screen. Make sure you have the appropriate matching plan in the Plan box on the Claim Screen. Since Healthy Families is no longer a Plan, it will not show up in reports at all.

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- ❑ Never delete a CIN number from the Financial tab. If you delete or alter the CIN, all of the Eligibility Checks (both at your clinic and others) will be hidden. If the CIN is deleted somehow, simply re-enter it and the information will appear. If you don't want a claim to go to Medi-Cal, then don't do an Eligibility Check and make sure the Medi-Cal box is not checked on the Claim Screen.
- ❑ There are new and revised forms AND MANY OF THESE FORMS HAVE CHANGED SEVERAL TIMES SINCE WE BEGAN IS 2.0 TRAININGS IN SEPTEMBER! Please make sure you are using the very latest version of the forms. Compare your copies to what is on the IS 2.0 website on the Clinical Forms page.
- ❑ When you Submit a Claim from the Add Claim screen, the IS creates a unit of service in the MHMIS and responds to the IS right away. Previously, the IS would update the unit of service, but you wouldn't find out until the next day whether or not the submission was successful. Under 2.0 you will get results that day, but there might be a slight lag as the IS and MHMIS talk to each other. Please be prepared for minor pauses when submitting a claim.
- ❑ If you have a client who has a large number of services, it is possible that the system will return a "time out" error. This can happen when the IS is handling a lot of data related to your request. In the unlikely event that you have this problem, please make a screen shot of the error and report it to the Help Desk, and try the procedure again. Many times the system will be able to process that request the second time, but make sure you have the screen shot so we can better identify the source of the problem. To take a screen shot, hit CTRL-Print Screen and then "Paste" (or CTRL-V) into Word or a graphics program.
- ❑ Be on the lookout for this error message: "The system was unable to submit request to MHMIS. Please contact your system administrator." You may receive this error message in a pop-up box when submitting a claim. This means that the system timed out before it heard from the MHMIS: basically, your claim hit a traffic jam. Click on OK and then click on SUBMIT again. The claim should go through.
- ❑ There is a Benefits drop-down menu on the Claim Screen. You cannot edit the information on that screen: it is for your reference only. You do not need to SELECT anything here. This information comes from the Financial tab and the Eligibility Check.
- ❑ New information about Evidence Based Practice and Service Strategies has been published to the IS website. One major change is the addition of "00 = No Evidence Based Practice / Service Strategy" As with the Forms, EBP HAS CHANGED SEVERAL TIMES SINCE TRAINING BEGAN IN SEPTEMBER. Please see this page for more information:

<http://dmh.lacounty.gov/hipaa/CR48.html>

A full set of resources, including a User's Guide and a whole series of IS Movies about all aspects of IS 2.0, can be found on the IS website at

<http://dmh.lacounty.gov/hipaa/index.html>

IF YOU DID NOT RECEIVE TRAINING IN IS 2.0...do not call the Help Desk and expect training over the phone. Users requiring training will be directed to our new IS 2.0 training sessions to begin next week. Full details are available at...

http://dmh.lacounty.gov/hipaa/do_GettingTraining.htm

Thanks so much for your time and patience during testing and conversion. We look forward to working with you on the new and improved IS 2.0.